Division of Corporations

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(((H21000396025 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440

: (305)444-6226

: (305)442-4829 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAGARRIGUE DUCAMP ASSETS LLC

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October 26, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAGARRIGUE DUCAMP ASSETS LLC 2100 SALZEDO STREET SUITE 201 CORAL GABLES, FL 33134US

SUBJECT: LAGARRIGUE DUCAMP ASSETS LLC

REF: L21000354783

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Valerie Herring Regulatory Specialist III

FAX Aud. #: H21000396025 Letter Number: 921A00026052 TO:

COVER LETTER

TO: Registration Sec Division of Corp			
	GUE DUCAMP ASSETS LLC		
SUBJECT:	Name of Limits	ed Liability Company	
The enclosed Articles of /	Amondment and foo(s) are subm	nitted for filing.	
	ndence concerning this matter to		
	Laura Kohn		
		Name of Person	
	Arazoza & Fernandez-Frag	a P.A.	
		Firm/Company	
	2100 Salzedo Street, Suito	300	
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	łaura@arazoza.com	n he used for future annual report no	nilication)
Fur further information c	oncerning this matter, please co		
Nellie Barcia		305 444-6226 at ()	<u> </u>
Name o	if Person	Area Code Dayti	me Telephane Number
Enclosed is a check for 6	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration S	
Division of C P.O. Box 633		Division of C The Centre of	
F.O. BOX 03	Dr. 20214		roe Street Suite 810

Tailahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 OCT 26 AM ID: 39
SCHARASSEE, FLORIDE

LAGARRIGUE DUCAMP ASSETS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on August 6, 2021 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _ Florida _ City New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	SEBASTIEN DUCAMP	9008 DICKENS AVE	
		SURFSIDE, FL 33154	□Remove
			□Change
+ - 3			
			□Remove
			☐ Change
			□Remove
			□ Change
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			□Remove
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mentis effective e	Jule on the Departin	ent of State's recor	.gr.		

Stenniule of a member to

2021

Dated OCTOBER 25

Rosa Aurora Lagarrigue, us Director of Member, TAGLE USA CORP., a Florida corporation typed or proved name of sogner

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